COLORADO DEPARTMENT OF	TRANSPORTATION	Project Code:	Sheet 1
		Parcel No:	
RELOCATION DETERMINA	ATION	Project No:	
		Location:	
Name of displaced person(s)			
Address of subject property		T	
City		Zip	
Displacement Type: ☐ Business, ☐ Farm or ☐ Non-profit of	organization	Owner	ant
Dwelling or Mobile home		Owner	
Personal Property Move Only		Owner	
PAYMENT FOR ACTUAL REASONAE	BLE MOVING AND RELATED	EXPENSES:	
Moves from a Dwelling/Mobile Home (based on one or a combination of the following options):			
1) Commercial Move\$			
Self Move A Fixed Residential Moving Cost S	Schedule		\$
a) Fixed Residential Moving Cost Schedule\$ Rooms in dwelling + rooms in storage = rooms			
Rooms in storage include:			
b) Actual Cost Move (receipted bills for labor and equipment; hourly rates should not			
exceed those paid by commercial movers for labor and equipment rental)\$ Note: A self move based on the lower of two bids or estimates is not eligible			
Moves from a business, farm or nonprofit organization (based on one or a combination of the following methods:			
1) Commercial Move (based on the lower of two bids or estimates)\$			
2) Self Move (based on one or a combination of the following):			
a) Lower of two bids\$ b) Supported by receipted bills for labor and equipment. Hourly rates should not exceed those paid			
by commercial movers for labor			
Personal Property Move Only (eligible expenses for a person who is required to move personal			
property from real property but is not re	quired to move from a dwelling	g, business, farm oi	nonprofit
organization) 49 CFR Part 24.301 (g)(1	l) – (g)(7) and (g)(18)		\$
Eligible Actual Moving Expenses for a E			
Searching for a replacement location (n			
Storage of the personal property for a p	enod not to exceed 12 month	S	Ф \$
			\$
			\$
			\$ ¢
			\$ \$
Related Nonresidential Eligible Expense	oc.		*
Connection to available nearby utilities from the right of way to improvements at the replacement site \$			
Professional Services performed prior to the purchase or lease of a replacement site\$			
Impact fees or one time assessments for	or anticipated heavy utility usa	ge	\$
Reestablishment expenses – Nonreside	ential Moves (not to exceed \$1	10,000)	\$
Fixed Payment for Moving Expenses – Nonresidential Moves (Not less than \$1,000 nor more than \$20,000): Fixed payment in lieu of the payments for actual moving and related expenses and actual reasonable			
reestablishment expenses.	<u> </u>	•	
REPLACEMENT HOUSING PAYMENT			Ψ
180 Day Homeowner Occupant (may no			
Price Differential (Comparable replacen		of the displacement)\$
Increased mortgage interest costs			
Incidental expensesRental Assistance Payment for 180-Day	 v Homeowner		\$
90-Day Occupant (Owner or Tenant) (n			Ψ
The payment will be computed using th			
Rent and average utility costs;			
☐ 30% of the total monthly gross household income for a qualified low income tenant; or ☐ The total amount designated for shelter and utilities for a tenant receiving government assistance			
Rent Differential (Comparable rent and average monthly utility cost less the above scenario)\$			
Downpayment assistance (including inc			
Replacement Housing of Last Resort			
180 Day Homeowner Occupant			
☐ 90 Day Occupant (Owner or Tenant) ☐ Less than 90 Day Occupant			
I certify that to the best of my knowledge and belief the statements contained in the determination are true, and the information upon which the determination is based is correct, subject to any limiting conditions herein set forth.			
Determination has been made in conformity with state laws, regulations, policies and procedures applicable to the Uniform			
Act. I have no direct or indirect, present, or contemplated future personal interest in such determination or in any benefit			
from the value herein set forth.			
Determination date:	Real Estate Specialist signat	ture	
I approve the above determination: (Sta	atewide Acquisition/Relocation	ı Unit Leader)	D 1
		,	Date:

CDOT Form #453 12/05 cc: Region ROW